



Declaration for Nomination and Oath of Candidacy

FOR FILING
OFFICE ONLY

APR 23 2021
Filed this _____ day of _____, 20____
Document # _____
Fee paid: ☐ cash ☐ check ☐ credit
By: [Signature]
Deputy or Filing Officer 24

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Charles W. Loveridge Ward 3 ☒ Republican ☐ Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Charlie Loveridge

Mailing Address City and State Zip Code
PO Box 81601 Billings, Montana 59108

Residence Address City and State Zip Code
2342 Glengarry Lane Billings, Montana 59102

County of Residence Contact Phone Email Address Website Address
Yellowstone 4066703796 charlie4billings@gmail.com

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____
Mailing Address: _____ Residence Address: _____
Phone: _____ Email Address: _____ Website Address: _____

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☒ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:

☒ Candidate Filing Fee, if applicable, in the amount of \$ 72.00 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

[Signature]
Signature of Candidate

4/13/21
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Yellowstone

Signed and sworn to before me this 13th day of April, 20 21 by Charles W. Loveridge
Printed Name of Candidate

[Signature]
Signature of Notary or Public Official

Jennifer M. Brumwell
Printed Name of Notary Public

Notary Public for the State of MT

Residing at: Billings, MT

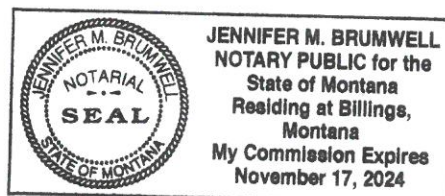
My commission expires: 11/17, 20 24

Where to file Federal, Statewide, State District and Legislative offices:

Montana Secretary of State
P.O. Box 202801
State Capitol Building, 1301 E. 6th Ave
2nd Floor, Room 260
Helena, MT 59620
Online: sosmt.gov/elections/filing/
Fax: 406-444-2023

Where to file County, City and most Local District offices:

County Election Office
A list of county election offices may be found at: sosmt.gov/elections



[SEAL/STAMP]